

CLAIMS ONLY							Application Number 09822847		Filing Date			
91304							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2							52					
3							53					
4	1						54					
5	1						55					
6							56					
7							57					
8							58					
9							59					
10							60					
11	1						61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47	1						97					
48							98					
49							99					
50							100					
Total Indep	4						Total Indep					
Total Depend	42						Total Depend					
Total Claims	46						Total Claims					

<div style="display: flex; justify-content: space-between;"> <div> CLAIMS ONLY 4-504 7-1304 </div> <div> SERIAL NO. 09/822847 FILING DATE _____ APPLICANT(S) _____ </div> </div>													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			3		4		5	
	IND.	DER.	IND.	DER.	IND.	DER.		IND.	DER.	IND.	DER.	IND.	DER.
1	/		/		/		51						
2		/		/		/	52						
3							53						
4	/		/		/		54						
5	/		/		/		55						
6		/		/		/	56						
7		/		/		/	57						
8		/		/		/	58						
9		/		/		/	59						
10		/		/		/	60						
11	/		/		/		61						
12		/		/		/	62						
13		/		/		/	63						
14		/		/		/	64						
15		/		/		/	65						
16		/		/		/	66						
17		/		/		/	67						
18		/		/		/	68						
19		/		/		/	69						
20		/		/		/	70						
21		/		/		/	71						
22		/		/		/	72						
23		/		/		/	73						
24		/		/		/	74						
25		/		/		/	75						
26		/		/		/	76						
27		/		/		/	77						
28		/		/		/	78						
29		/		/		/	79						
30		/		/		/	80						
31		/		/		/	81						
32		/		/		/	82						
33		/		/		/	83						
34		/		/		/	84						
35		/		/		/	85						
36		/		/		/	86						
37		/		/		/	87						
38		/		/		/	88						
39		/		/		/	89						
40		/		/		/	90						
41		/		/		/	91						
42		/		/		/	92						
43		/		/		/	93						
44		/		/		/	94						
45		/		/		/	95						
46		/		/		/	96						
47	/		/		/		97						
48						/	98						
49						/	99						
50							100						
TOTAL IND.	5	0	5	0	5	0	TOTAL IND.	0	0	0	0	0	0
TOTAL DER.	42	0	42	0	42	0	TOTAL DER.	0	0	0	0	0	0
TOTAL CLAIMS	47		47		47		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-2022 (1-00)

U.S. DEPARTMENT OF COMMERCE
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